

242575

W. DEAN MURPHY, III
ATTORNEY AT LAW
659 ST. ANDREWS BLVD.
CHARLESTON, S.C. 29407
PHONE: (843) 766-7004
FAX: (843) 571-7788

March 28, 2013

Public Service Commission of S. C.
Attn. Clerk's Office - Janice
P. O. Drawer 11649
Columbia, S. C. 29211

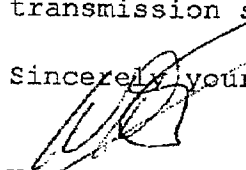
Via facsimile transmission only.
(803) 896-5199

Re: Low Country Moving, LLC
2012-434-T

Dear Janice:

Attached hereto please find revised sheets 2, 3 and 5 of my client's application which I ask be substituted for those originally filed. I am copying Ms. Edwards of Office of Regulatory Staff via facsimile transmission simultaneously. Thank you.

Sincerely yours,


W. Dean Murphy, III
WDMIII:s

Enclosures: per above

Fcc: Ms. Courtney Dare Edwards, Esquire (803-737-0895)

RECEIVED
MAR 28 2013
PSC SC
CLERKS OFFICE

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
☐ Partnership - List names and address of all person having an interest in the business.
☒ Corporation - List names and addresses of two principal officers.

Jose Robinson Dos Santos - sole member, sole officer

276 Alexandra Drive, Unit 4, Mount Pleasant, South Carolina 29464

(LLC, operating as subchapter - S Corporation) No other officer.

4. Applicant proposes to operate service as follows: (Check one.)

- ☒ Intrastate Only ☐ Interstate Only ☐ Both

5. Is applicant certified to provide **intrastate** transportation of household goods in another state: (Check one.)

- ☐ Yes ☒ No

If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.

6. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of convictions below.

7. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of revocations below.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:
 Month February Year 2013

Assets:

Cash	8,640.57
Receivables	173.00
Real Estate	
Buildings and Equipment (Net)	
Motor Vehicles (Net)	
Garage Equipment (Net)	
Machinery and Tools (Net)	500.00
Supplies on Hand	350.00
Prepays and Other Assets	
Total Assets *	9,663.57
<u>Liabilities and Equity:</u>	
Accounts Payable	1,200.00
Notes Payable	
Mortgages Payable	
Equipment Obligations	650.00
Accrued Salaries and Wages	3,000
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	4,850.00
Capital Stock	1,500.00
Retained Earnings	3,313.57
Total Equity	4,813.57
Total Liabilities and Equity *	9,663.57

* Total Assets = Total Liabilities and Equity

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
FORD	2005	1FDWE35L35HA72301	11,000lbs